Statement-II

Details of Drugs Manufactured by M s.)slers Pharma Ltd., Coimbatore

Name of the drug & batch No.	Quantity manufactured
Dextrose Injection IP, 80P 302	915
Dextrose & Sodium Chloride Injection IP, 80P 138	786
Dextrose & Sodium Chloride Injection IP, Batch No. 80 P 307	956
Dextrose Injection IP 80P 312	890
Sodium Chloride Injection IP 80P322	944
Sodium Chloride Injection IP, B. No. 80P327	959
Sodium Chloride and Dextrose Inj. 80P459	973
Sodium Lactate Injection B. No. 80P 229	874
E-Lyte M Injection Batch No. 80P 287	901
E-Lyte M Injection Batch No. 80P 176	905
E-Lyte P Injection Batch No. 80P 258	884
E-Lyte P Injection Batch No. 80P 266	894
Sodium Chloride & Dextrose Injection Batch No. 80P 163	631

Screening of Blood Donors for AIDS

*89. SHRI ASHOK NATH VERMA:
DR. (SHRIMATI) SAROJINI MAHISHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) wehther Government's attention has been drawn to the news item which appeared in the *Indian Express* of 31st January, 1989 under the heading "Need to Screen blood donors for AIDS";

(b) if so, whether it is a fact that it is not obligatory in India to screen the blood donors for AIDS antibodies;

(c) whether it is a fact that such screening is mandatory in the U.K., the U.S.A.;

(d) whether it is also a fact that a number of persons died due to non-screening of the blood donors; and

(e) what are the reasons for no action in this regard by his ministry?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (e) The Government has seen the news item which appeared in *Indian Express* dated 31st January, 1989.

On the 6th May, 1986, administrative instructions were issued by Drug Controller of India to all the State Drug Controllers that the Blood Banks should comply with the requirement of accepting blood from professional donors only on production of a certificate regarding absence of HIV Infection. Thereafter, on 14th February, 1989, detailed guidelines have been issued by DGHS to all State Drug Controllers regarding screening of all units of blood received in blood banks in cities where surveillance centres have been established by ICMR.

Screening of all blood units for HIV anti-bodies is mandatory in UK and USA.

So far three Indian Nationals have succumbed to AIDS disease as a result of infection through blood and blood products. One person had contracted the infection through blood transfusion during coronary by-pass surgery in USA and the second person contracted this infection as a result of Factor VIII infusion in USA. The third person contracted the infection following emergency blood transfusion in India and subsequently died of AIDS.

In India, there are 739 blood banks and the quantum of blood collected is estimated at 1.5 million units per annum. From October, 1985 onwards the Indian Council of Medical Research in collaboration with the State Governments has established 40 surveillance centres where factilities for testing of blood for HIV

anti-bodies are available. These surveillance centres cover 30 cities including the 4 metropolitan cities. The surveillance studies carried out by the ICMR to monitor the prevalence of HIV infection amongst various groups including blood donors show that (i) upto mid 1987 none of the donors screened were seropositive; (ii) Seropositivity amongst blood donors in November, 1988 was only 1.5 per thousand; (iii) the seropositivity rate was relatively higher in metropolitan cities.

Since a large number of sero-positive blood donors were found in Tamil Nadu and Maharashtra, arrangements have been made in consultation with the State Governments to establish linkages between the blood banks and surveillance centres in Bombay and Madras where screening of blood has already started w.e.f. 16th January, 1989.

The guidelines issued by the Director General of Health Services provide for screening of blood donors in remaining 28 cities where surveillance centres have been established by ICMR.

Cancer patients

*90. SHRI MUKHTIAR SINGH MALIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the estimated number of Cancer patients in the country at present;

(b) whether there has been a considerable increase in the cervix Cancer patients in various States;

(c) if so, the reasons thereof; and

(d) what steps are being taken to decrease and minimise the cases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) It is estimated that there are about 15 to 20 lakhs cancer patients in the country at any given time and about 5 lakh new cases occur every year.

(b) The data from Population Based Cancer Registries located in Bangalore, Bombay and Madras show a slight increase in the cervix cancer patients in Bombay and Madras.

(c) Cervix cancer usually occurs due to lack of genital hygiene and multiple pregnancies.

(d) 74 medical colleges have Pap Smearing units under the Post Partum Programme with necessary detection facilities. 16 more medical colleges have been approved during 1988-89 for setting up of this facility.

Facilities for treatment of cancer including radio therapy are available in 95 institutions in the country

Enchancement of grant to Andhra Pradesh for running P.G. courses in Ayurveda

*91. SHRI PUTTAPAGA RADHAKRISHNA:

PROF. C. LAKSHMANNA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a proposal for enhancement of grant for running P.G. courses in Ayurveda and Unani from the Government of Andhra Pradesh is pending with the Central Government;

(b) if so, what are the details thereof; and

(c) what are the reasons for delay in clearing the proposals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) The Director of Indian Systems of Medicine and Homoeopathy, Andhra Pradesh proposed in his letter dated 21-12-88 for providing additional funds to the tune of Rs. 6.36 lakhs, Rs. 9 lakhs and Rs. 23.67 lakhs for the years 1987-88, 1988-89 and 1989-90 respectively.

(c) It is not possible to provide additional funds to the State Government due to resource constraints.